

—excellent as I have come to regard it in fit cases—the operation is speedy, and in the majority of cases safe; but the *treatment* is very prolonged—nay life-long; and the *cure*—well, never. In the *immediate cure* of piles, I can truly state that, so far as my present experience goes—and this can be corroborated by several witnesses and by the patients also—the operation is rapid and trifling, and may in some cases be done without anæsthetics; it is unattended with the least risk and the *cure* permanent.

The operation is simply this. The piles being well down, they are punctured with the conical pointed end (which I have had made by Messrs. Mayer and Meltzer to fit on to Dr. Paquelin's gas cautery) to their bases, the number of these hot punctures varying with the number and size of the piles, a pile the size of half a small walnut requiring two or three. A dull red heat should be used, and the point gently rotated while being extracted, and *not pulled out*, because if this be done a portion of the escher will be withdrawn with the instrument, and some hæmorrhage will follow. Should the disease be of old date, some of the piles will be quite hard; these I have pierced to their softer attachment, at the feeding veins of which they were clot-laminated, and even fibrous varicose transformations. Ulcers and fissures in connection with the hæmorrhoids were touched with the cautery.

If this simple plan be properly followed, there is no hæmorrhage, but should there be slight oozing, a touch of the cautery at once stops it; the piles are then returned, and a half-grain morphia suppository introduced. The bowels are kept confined by a quarter of a grain of morphia daily, by mouth or subcutaneously, for the first two or three days, and on the fourth or fifth day an enema-tube is gently introduced and a warm injection given, and followed on the succeeding day by a laxative. The first two, or in some few cases three, motions, produce pain, but nothing as compared with that the patient suffered before the operation; and at the expiration of a week they are discharged, with such directions as to diet and regimen that will promote the healthy functions of the rectum, and which are known to all professional men.

It is right to state that two of these eighteen cases were not allowed out for ten days, and one for a fortnight, but in all there was some other pre-existing complication, either urinary or uterine. Sixteen of them were treated at the Hospital for Women, and two in private. I have seen them all several times since, and examined them with finger and speculum, and I can say that the satisfaction of the patients at their rapid and permanent relief is not greater than mine when I observed how little damage was done to the rectum, as evinced by the difficulty of detecting, some little time after, any result, in the shape of cicatrices, of the operation. The ages of the patients varied from twenty-three to sixty.

I am happy to say that I have not yet had an opportunity of examining post-mortem any case operated on, but I conceive that the *rationale* of the method is that the igni-puncture sets up a phlebitis

which soon leads to obliteration of the diseased veins; that the phlebitic clot is, somewhat rapidly, sufficiently absorbed, or so altered as to render it difficult for the finger to detect any nodule or lines of thickening in the rectum. Whatever the traumatic pathological change may be, certain it is that the *symptomatic* relief is not only speedy but lasting. I may mention that I had occasion to operate on a patient for urethral mischief, who had undergone this procedure for three weeks previously, and neither I nor others present could discover the least trace of any recent operation on the rectum.

I do not wish it to be thought that I consider the operative results, as regards nodulation and disappearance of the altered piles, will always be so rapid; this may or may not be so without affecting that which the patient and the surgeon most desire—viz., the cure of the case. I briefly sum up what I consider the advantages of this method over the old plans.

1st. The operation is quickly done.

2nd. The cure is much more speedy, as, by the ligature or clamp and cautery, three weeks is considered quick time for convalescence.

3rd. There is no fear of secondary hæmorrhage, as there is no ligature to separate, and no wounded surface to cauterize.

4th. Nothing is removed. To the patient this is often a strong recommendation; to the surgeon, at first and without experience of this method, it may seem a drawback, but sufficient trial will convince him to the contrary.

5th. There is no apprehension of secondary abscesses and fistulæ so far as my experience has gone.

6th. There cannot possibly be a stricture as a result of the operation. That this has occurred several times after the old methods no one can gainsay, and I may quote a case sent me by Dr. Heywood Smith, on which I operated by the clamp and cautery, and only removed the piles and not a particle of other rectal tissue, and in seven weeks had to commence the use of a bougie for an annular stricture near the orifice. Nothing of the kind pre-existed.

7th. There are no relapses. Two of the cases I operated on had been elsewhere treated by ligature, and the other with clamp and cautery. Of course, if all the diseased part be not punctured at the time of operation, the portion left untouched may be the source of future trouble, necessitating an operation, and it may be that this was the explanation of the relapses in the two cases just mentioned. On the other hand, it is fair to state that other veins, already weak at the time of operation, but not sufficiently so to attract attention, subsequently enlarged and required meddling with.

8th. In patients who can bear a little pain no anæsthetics are necessary, as the operation is a quick one.

It is obvious that this plan can be applied to other varicose veins and to nævi.

Before concluding I may mention that I have, in two cases, tried the revived plan of sudden dilation of the sphincters; one did moderately well, the other had to be igni-punctured. I have, in one case, in-